U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## ... FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For Official Use Only
E	MS 050

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - /3/2/3	2. Fiscal Year Covered From:	
	1 / 1 / 64 Through: 12 / 31 / 64	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Jeffery J. Jewett	Name I. U. P. A. T. DISTICT COUNCIL 62	
	Labor Organization File Number 542ー089	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
P.O. Box, Bldg., Room No., if any 2737	P.O. Box, Building and Room Number, if any 3205	
Street Moel Or.	Street COUNTRY Dr.	
city Little Canada	city LITTle Canada	
State MM ZIP Code + 4 S S I I)	State M. ZIPCode + 4 55117	
5. Position in labor organization. Business Rep.	- Invited	
The second section of the section of the second section of the second section of the sect		
Enter appropriate data below If, during the past fiscal year, you or your spo (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests sions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
DO BUILDING TO TRANSPORT OF THE PROPERTY OF TH		
P.O. Box, Bldg., Room No., if any	7.b. Amount.	
Street		
	i .	
City		
City  State  ZIP Code + 4		
State ZIP Code + 4 Signal		
State Code + 4 ZIP Code + 4	Perjury and other applicable penalties of the law, that all of the information	
State ZIP Code + 4  Sign:  15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany)	Perjury and other applicable penalties of the law, that all of the information	

State MM ZIP Code + 4 5 5 12.5

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name ST, foul fairing frings funds

Trade Name, if any: Haw and funding fund

P.O. Box, Bldg., Room No., if any 306 Suite 500

Street Marco M. ZIP Code + 4 5 5 12.5

11.a. Nature of such dealing.

Trustee Educational Scm: nor

Internation Foundation

11.b. Approximate dollar value of such dealing. \$3,107.14.

12.a. Nature of interest held or income received.

Registration, Hotel, Airford

Oaily Exfanses

12.b. Amount. \$ 3,107.14

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 14.a. Nature of payment. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). mpwea -Registration fee \$ 100.00 Name Wilson - McShawe Trade Name, if any: 1. P. A. P.O. Box, Bldg., Room No., if any 3001 SUITE SOO Bill Peterson " Street MeTro Dr. Bloomt-1 Ton State My ZIP Code +4 SS 12S 14.b. Amount of payment. \$ 445.00 13.b. Is the Business an Employer or Consultant ?

Name of Person Filing JeF Yeary J. Jews	.11	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any).	9. Business deals with:				
Name \$1. Paul Painting Fringe Funds  Trade Name, if any: HAW AM Paulium  P.O. Box, Bldg., Room No., if any 300 Suite 500  Street May Dr.  City Bloom ing Tom  State MM ZIP Code +4 SC 425	a. Labor Organiza  b. Trust  c. Employer	tion			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deal	ng.			
Name ST, Paul Pa; oting Fringe Funds  Trade Name, if any: Hew and Punsion  P.O. Box, Bldg., Room No., if any 300 SUITE SOO	TrusTee	Educational seminar			
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	12.b. Amount.	on and one Night  Hotel  1/300.00			
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Name of Person Filing Jeffery J. Jen	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary valus substantial part of which consists of buying from, selling or leasing to, or otherwof an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business ely seeking to reprosent, or irectly to, or otherwise		
8. Name and address of Business (including trade name, if any).  Name Labor Muchagement Cooperator Intime  Trade Name, if any:  P.O. Box, Bldg., Room No., if any 1750  Street New York and, NW  City Washington AC ZIP Code + 4 20006	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer		
to WOLL - O - is should also trust as applicated page	11.a. Nature of such dealing.		
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name Later Manngement Cooperation Witve  Trade Name, if any: L.M. C.1  P.O. Box, Bldg., Room No., if any 1750	Lmc1- Plant meeting 79-90 Lmc1 Dinner meeting 127.91		
Street New York Ave, NW	11.b. Approximate dollar value of such dealing.	207.81	
The state of the s	12.a. Nature of interest held or income received.  Lmcn LDUCATION		
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	A service of the serv	307,81	
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The transactions, dealing and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2004. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2004, I will file an amended Form LM-30.

Signature

CFF J. Jewell

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